

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90060 029 ***150.00

DOCUMENT # F98000000189

1. Entity Name
AGWAY, INC.

Principal Place of Business

**333 BUTTERNUT DRIVE
 DEWITT NY 13214**

Mailing Address

**333 BUTTERNUT DRIVE
 DEWITT NY 13214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-0277720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VC** ☐ Delete
 NAME **GINEFT, ANDREW J**
 STREET ADDRESS **HWY 72**
 CITY-ST-ZIP **POTSDAM NY 13676**

TITLE ☒ Change ☐ Addition
 NAME **GILBERT, ANDREW J**
 STREET ADDRESS **HWY 72**
 CITY-ST-ZIP **POTSDAM, NY 13676**
NAME THIS WAS CHG NOT LAST YEAR - FORM UPDATE

TITLE **VC** ☐ Delete
 NAME **VANSLYKE, GARY K**
 STREET ADDRESS **5633 GRIFFITH ROAD**
 CITY-ST-ZIP **PORTAGEVILLE NY 14536**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
 NAME **CARDARELLI, DONALD P**
 STREET ADDRESS **6436 TERESE TERRACE**
 CITY-ST-ZIP **JAMESVILLE NY 13078**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VGCS** ☒ Delete
 NAME **HAYES, DAVID M**
 STREET ADDRESS **7774 MCDERMOTT ROAD**
 CITY-ST-ZIP **MANLIUS NY 13104**

TITLE **VGCS** ☐ Change ☒ Addition
 NAME **Christopher W. Fox**
 STREET ADDRESS **4 Spring St**
 CITY-ST-ZIP **CHINTON, NY 13223**
THIS WAS ALSO CHG LAST YEAR - FORM NOT UPDATE

TITLE **V** ☐ Delete
 NAME **HOEFER, STEPHEN H**
 STREET ADDRESS **5123 SHIRAZ LANE**
 CITY-ST-ZIP **FAYETTEVILLE NY 13066**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTC** ☐ Delete
 NAME **O'NEILL, PETER J**
 STREET ADDRESS **4884 FIRETHORN CIRCLE**
 CITY-ST-ZIP **MANLIUS NY 13104**

TITLE **VTC** ☒ Change ☐ Addition
 NAME **O'NEILL, PETER J**
 STREET ADDRESS **5065 Highbridge Lane**
 CITY-ST-ZIP **Fayetteville, NY 13066**
ADDRESS ONLY

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN P. FRANKENFELD 2/24/02
 ASST TREASURER
 Date Daytime Phone #

CR2E034 (9/01)